

Asante Ashland Community Hospital 2021

Ashland Community Hospital Foundation

Project Description

Project / Project Name*

Character Limit: 100

Funding Priority*

What funding priority / priorities best reflect(s) this project?

Choices

- Create and/or expand access to services and programs in Ashland, Talent, and Phoenix
- Employee education or training
- Hospital/department patient-centered need
- Patient experience enhancement
- Population health outcomes

Description of the project and how it aligns with the funding priority / priorities?*

Character Limit: 2000

Amount requested*

Character Limit: 20

What service area(s) will benefit?*

Character Limit: 250

How will the project benefit AACH?*

Character Limit: 500

Who will benefit from the completion of this project and how will it impact them?*

Character Limit: 500

How many will benefit from the completion of this project in a one-year period?*

Character Limit: 250

What is the projected timeline for completion of the project?*

Character Limit: 250

Is the project dependent on other financial considerations?*

For example, Capital funds or space considerations.

Character Limit: 250

Requests of \$5,000+ answer the following questions

Will the project be revenue producing?

Answer required if request is \$5,000 or more.

Character Limit: 500

What is the project's sustainability or is this a one-time investment?

Answer required if request is \$5,000 or more.

Character Limit: 500

How will the project be funded if we are unable to fully fund the request?

Answer required if request is \$5,000 or more.

Character Limit: 500

How is this project innovative?

Answer required if request is \$5,000 or more.

Character Limit: 1000

How does this project promote health equity?

Answer required if request is \$5,000 or more.

Character Limit: 1000

How will you measure your success?

Answer required if request is \$5,000 or more.

Character Limit: 1000

How will the project provide opportunities for partnerships in the community?

Answer required if request is \$5,000 or more.

Character Limit: 500

Closing

How will Ashland Community Hospital Foundation be recognized?*

Character Limit: 250

Non-discrimination policy*

Our organization affirms that we maintain a nondiscrimination policy that does not discriminate based on race, ethnicity, color, sex, religion, age, national origin, ancestry, citizenship, sexual orientation, gender identity and/or expression, disability, marital status, genetic information, veteran status and other factors protected by law.

Choices

Yes

No

How many hours did it take you to complete this application?*

Character Limit: 10

Attachments

Project budget*

Please upload a detailed project budget or estimate. For requests of \$5,000 and above please include funding sources in the project budget.

File Size Limit: 2 MB

Hospital budget

For requests of \$5,000 and above, the Hospital's current fiscal year budget is required.

File Size Limit: 2 MB

Photos or project plans

Please give a brief description of the photo or plans being provided.

Character Limit: 250 | File Size Limit: 2 MB

Letters of support

Please attach any letters of support from patients, family members, physicians, volunteers, or employees.

File Size Limit: 2 MB